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ABSTRACT

This paper presents a review of relevant medical and psychological literature that addresses the psychological characteristics of heroin addiction and addicts: dependence (both physical and psychological); explanations of the phenomenon of addiction (both medical and behavioral); and other psychosocial views of causation including escapism, tension reduction, and sexuality. Drawing from the review and interviews with ex-addicts and drug abuse counselors, motivational dynamics and the addictive profile are presented. Goals and objectives for treatment and rehabilitation are outlined. Special considerations and possible rehabilitation approaches and methods to resocialize the addict and reinstate him/her into a more conventional role are highlighted. (JAC)

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HEROIN ADDICTION: PSYCHOSOCIAL CHARACTERISTICS AND CONSIDERATIONS FOR TREATMENT

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HEROIN ADDICTION: PSYCHOSOCIAL CHARACTERISTICS AND CONSIDERATIONS FOR TREATMENT

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Addiction is a subject that cuts across at least a dozen branches of science, from chemistry and pharmacology to psychology, with emphases on psychiatry and medicine. From a socio-medical perspective, the seriousness of an addiction syndrome may be assessed not only by the psychic and physical effects of the agent on an individual, but by evaluating the social consequences of continued abuse. The use of opiates is entrenched in our society, widespread to epidemic proportions and seemingly impossible to stop. Theories of addiction are vague, treatment approaches are numerous, and the results of various rehabilitative efforts have been mixed. Emotional reactions to the problem and extensive legal efforts have failed, and will more than likely continue to fail in attempts to eradicate the use of these drugs.

In this paper I will offer, first, a review of relevant medical and psychological literature which addresses (a) the psychological characteristics of heroin addiction, (b) various explanations of the phenomenon of addiction, and (c) other psychosocial views of causation. Drawing from this review and from subsequent interviews with ex-addicts and drug abuse counselors, motivational dynamics and the addictive profile will be discussed. In an additional section, some goals and objectives for treatment and rehabilitation will be outlined, and special considerations for treatment will be noted. Possible rehabilitation approaches and methods will be considered.

PSYCHOLOGICAL DEPENDENCE AND ADDICTION

Normal individuals usually do not experience the deep sense of gratification

from narcotics that an addict feels, unless they are suffering from intense pain (1).In terms of emotion and behavior, addicts are viewed as inadequate individuals who are in a constant state of emotional distress, and who attempt to compensate for or to dramatize their feelings via the addictive process. Accordingly, drug addiction may be considered a manifestation or symptom of a very real emotional illness which is more aggravated than relieved by the addiction over time. Some psychological factors underlying the addiction phenomenon involve need fulfillment and craving due to withdrawal distress.

Need Fulfillment

From a purely psycho-social stance, heroin addiction may be said to evolve from the needs and drives of individuals, rather than from the properties of the drug per se. No doubt drug abuse is often a gesture of defiance, rebellion, protest or despair. However, it is generally believed that drug dependence seems most likely among individuals who lack the psychological resources to deal adequately with their inner conflicts and frustrations - perhaps "those whose psychological development has been disrupted by emotional deprivations, inordinate exposure to stress, severe trauma, or the cumulative impact of any combination of these elements" (2, p. 140). Such individuals may be viewed as suffering from an impaired development of ego functions which limits their ability to master inner conflict. Incidentally, addicts in therapy are often characterized by reliance on external attribution systems as a defense against examining their feelings.

Withdrawal Distress and Craving

Psychological dependence may be perpetuated in a vicious-circle fashion, as the addict craves the sense of euphoria and relief induced by the drug. The very drug-seeking behaviors liken an approach-avoidance paradigm, in that

the drug ensures a brief state of euphoria while curtailing the discomfort and chronic anxiety associated with withdrawal.

Perhaps part of the psychological attraction to the drug is in its ability to alter the perception of pain by inducing a lack of concern or indifference to pain (3). The knowledge that heroin will produce relief from tensions and from experiencing withdrawal symptoms may further fuel the addictive cycle.

The Drug-Dependent Personality": Research Results

There are probably as many various types of personality characteristics found among addicts as would be found in the general public.Some research has been conducted using the Minnesota Multiphasic Personality Inventory (MMPI) among treatment goups of addicts in efforts to isolate an "addiction-prone"profile, only to discover that cross-comparisons with control goups of normal, non-addicted individuals yielded few differences.

Many confirmed addicts have been noted to exhibit certain traits, which may create difficulties during treatment and rehabilitative efforts.Among those noted in the literature are

> Maturational deficiency - lacking the motivational traits of a normal, mature adult, an addict may often display a passive-dependent style, and is typically lacking in self-discipline (4).
>
> Low self esteem - addicts oftentimes harbor feelings of inadequacy (5), manifested in terms of shyness, insecurity and introversion (6). In many cases"the addict's cocky, boastful talk is a counter to self-deprecatory feelings" (7).
>
> Narcissism - addicts exhibit little interest in external objects other than drug-related goods, and a total self - involvement and disregard for planning future events is not uncommon.
>
> Impulsivity - partly due to the hectic, intense activities of the street addict, the observer notes that these individuals are impatient - demanding immediate gratification of physical needs.
>
> Avoidance of overt aggression - as addicts' histories have been found lacking the usual development of certain social skills found in emotionally mature adults, they utilize passive-aggressive strategies in dealing with others (8).

VIEWS OF THE ADDICTION PHENOMENON

Medical

Speculation on physiological origins of addictive behaviors has included the notion that heroin use induces in the user a metabolic alteration that "impels" the individual to continue drug use.While this theory does not explain why persons first take up opiate use, to the extent that it is feasible it would help account for the extremely high relapse rate among ex-addicts (9). The question still remains as to whether a biological predisposition towards drug dependence might in fact exist in users who do become addicted.

Behavioral

Many behaviorists believe that an understanding of the behavioral actions of a drug must be predicated on a knowledge of the major variables controlling behavior. Stressing the interaction between the individual and the specific drug-taking environment, behaviorists argue that

> When drugs are injected conditionally upon the occurence of a response, those drugs that increase and maintain in strength the response that leads to their presentation (may be) classified as reinforcers (10).

Psychological dependence may thus arise in the process of seeking and obtaining drugs which function as conditioned reinforcers or discriminative stimuli. Of particular interest within this behavioral framework are hypotheses pertaining to the abstinence syndrome. Though the real physical illness and discomfort of withdrawal may have long ceased, patients in treatment often report the recurrance of certain withdrawal symptoms. To explain this, it is speculated that abstinence symptoms may become classically conditioned through associations of particular environmental factors with the heroin abstinence during withdrawal. Thus, given the right circumstances it is possible that an addict who has been completely withdrawn from the drug may quickly become locked back into the behavioral and ideational patterns previously associated with the drugged condition.

OTHER PSYCHOSOCIAL ASPECTS OF CAUSATION

Escapism

It has often been said that the use of heroin provides an escape from the addict's pressing psychological problems, and from the responsibilities of social and interpersonal relations - in effect, an escape from life altogether. Many sociological studies of heroin users have made this point. Heroin users have been referred to as "retreatists" and "double failures" who probably could not have qualified for legitimate careers anyway. Such attempts to generalize have brought about many versions of this "escape" theory.

Tension-reduction

As mentioned earlier, heroin relieves the anxieties associated with the addicted state and induces mild euphoria, a sense of well-being. From the viewpoint of tension-reduction as a causal factor, the addict is often portrayed as being highly anxious and stressful - one who has been caught into a form of dependency by way of a vicious-circle process.

Sexuality

Physical dependence upon any opiate derivative dulls the body's ability to respond sexually, and addicts usually report that they experience few sexual pleasures. Among confirmed addicts, use of the drug is often likened to a sexual act - for example, the injection ritual is often described as such, with the slow registering of blood by manipulation of the plunger becoming a symbolic masturbatory act.

> "Jane was my woman, man, and I always wanted her. That spike (needle) in the vein was like gettin' hold of myself, the same sensations as, say - sex with yourself I geuss"(11).

The habit was personified as a marriage of body and substance in the sayings and folklore of the addict, with lines like

> "When you're married to H, man - you're married for life"(c. 1930).

The Addict's Lifestyle

The population of regular narcotics users is heterogenous one, as different individuals begin using drugs for various reasons, exhibit different patterns of of drug use, and have widely differing experiences as a result of previous learning and sociocultural influences. The average addict who is hustling on the street for his daily dosages of the drug is constantly engaged in many meaningful relationships, seven days a week. Always on the move,"successful" addicts must remain flexible, alert to potential dangers and resourceful - since they often engage in the buying and selling of drugs or perhaps in burglary, prostitution, dealing in stolen goods, etc., while avoiding the police, looking for heroin dealers, or seeking a safe place to take the drug. My feeling is that the series of tasks required to procure a stable supply of the drug does in itself lend purpose to the individual's life,creating a sense of "accomplishment". Thus, for many users the heroin may provide a rationale (however deviant by societal standards) for the pursuit of a meaningful life. The activities these people engage in and the relationships they develop in the course of their search for heroin may indeed be far more important than the minimal analgesic and euphoric effects of the small amounts of the drug available to them. In many cases, the therapist may begin to percieve that if they are truly addicted it is not so much to the heroin as to the entire "career" of the heroin user.

Given the heterogenous composition of the group known as addicts, a number of distinct treatment, rehabilitative and resocialization approaches warrant attention. Many drug abuse counselors that I have talked with seem to agree on two things: First, that heroin addiction is here to stay, and, second, that some individuals are "bound" to gravitate towards drug dependency. In many ghetto

neighborhoods of our major urban areas, heroin is as readily available as alcohol, and reports of elementary-aged children using the drug are increasing.

Indeed, the observer would find that in many an addict's deviant subculture, the entire economic and social processes of day to day living are centered about the use of hard drugs. In most ghetto areas where use of drugs abounds, the pusher is viewed as a legitimate businessman, a contributor to the economic system. Since many ghetto children's parents and grandparents were or are addicts, perhaps their own participation in the addictive lifestyle would seem only natural.

Based on the preceding information, and drawing from several personal interviews with ex-addicts and drug abuse counselors, the following speculations on addiction and its motivational dynamics are offered.

1. We may logically infer that in order that one may participate in the behaviors/processes which lead to addiction, availability of the drug and one's own cognitive orientation to drug usage are the crucial variables that determine whether a person will even be attracted to drug usage. If heroin isn't available, it can't be used or abused. Likewise, if it appears frequently in the social setting it is likely to affect more and more individuals.

2. Several variables are important in understanding the perpetuation of an addictive process.

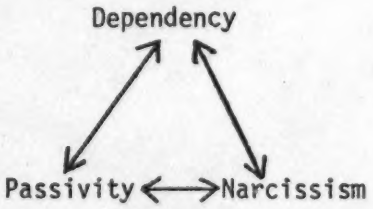
- the proper setting (environment, peers)
- a desire, for one reason or another, to first experiment and then to choose to continue usage
- the abilities and skills to continue such activity and remain alive and out of prison
- an unwillingness to seek treatment at the outset of the condition, or the unavailability of treatment facilities for alleviation of the condition

So, given a number of personal and situational factors in synchrony, an individual may indeed become behaviorally addiction-prone. However, one must not forget the experiential nature of drug use, the timeliness of first "experimenting" with drugs, and the different values associated with drugs by each individual when attempting to understand the development and persistence of addictive processes.

3. A biological predisposition theory is as yet unfounded. The population of addicts is so heterogeneous as to be impossible to characterize along such lines, and next to impossible to research. Genetic information and family history information is difficult to gather in many cases.

TREATMENT CONSIDERATIONS

The treatment specialist may expect to encounter a number of problem areas and frustrations in dealing with career addicts. Many that I have talked to - both users and and drug abuse counselors, describe the addict's dealings with the world as being unrealistic, grandiose, immature and depressed. Behavioral tendencies of addicts are commonly portrayed in terms of a triad:



Many addicts apparently hold that if they could simply alleviate the physical addiction, their problems would be over. But being completely drug-free would not only call for a change in learned habits and attitude, but oftentimes for a change in surroundings, relocation of employment, rejection of one's friends, family and very lifestyle in order to achieve complete recovery.

Goals of Rehabilitation

1. To abolish or to greatly decrease the use of drugs.

2. To abolish completely any illegal behaviors associated with drug usage.
3. To relate to spouse, children and associates in an appropriate manner.
4. To work at a legitimate job.
5. To experience a real increase in self-esteem and in the esteem in which held by other people.
6. To continue to improve oneself in these areas, seeking advice and counseling in times of overwhelming difficulty.

Resocializing the adult narcotic addict and reinstating him/her into a more conventional role requires (a) providing initial chemical assistance (methadone, narcotic antagonists, etc.) to those who request such adjuncts to therapy, (b)recognizing heroin addiction as both a medical and psychological dilemma, (c) initiating follow-up efforts and conducting further research on treatment methods and programs, and (d) expanding conventional lifestyle opportunities for former addicts.

The addict should experience as little difficulty as possible in signing up for a counseling program - the fact that he shows up for help on a voluntary basis indicates that the treatment provided may very likely produce positive effects. If requested, the much-needed chemical and therapeutic assistance should be provided quickly. Once a therapeutic regimen is designed for an individual, the counseling/rehabilitative process must be designed with a crucial component included: a way of substituting activities of significance for those many addiction-related activities engaged in by daily users of drugs.

As is the practice in Great Britain, many specialists in the field have advocated changing the laws pertaining to drug control and treatment of addiction so that addicts would be allowed to obtain legal narcotics through special clinical facilities.Asked about he possibilities of treatment among users of dedication, or so-called career addicts, one ex-addict that I interviewed for this report stated:

> "If they can cure them, fine. But I think there are some (addicts) that . . . there is no treatment. I think the kindest, best way they could work it for the addict could be - furnish them.This may sound outrageous, but why not give them heroin?" (13).

On Rehabilitating the Addict - Closing Comments

There is hardly a condition which falls into the arena of psychiatric treatment which is more difficult to succeed in than treatment of a physical addiction to heroin. The craving for the drug during withdrawal(and afterwards for weeks or months) is nearly impossible to alleviate irregardless of the basic personality of the individual, and in a great number of cases the person may be disturbed due to other related disorders. For these reasons, it is necessary not only to deal with the physical craving and anxieties associated with the syndrome, but to provide rewarding distractions of a constructive nature in the course of rehabilitation in hopes that the drug itself will become less rewarding.

Resocializing the former addict and accepting him back into the mainstream of society is a complex social problem which, no doubt, will be affected by our society's changing views on addiction and treatment. As health care professionals and treatment specialists, we must commit ourselves to the continuing struggle to assist these individuals in rising to their potential as fully functioning, contributing members of the society.

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